

## CIVIL COVER SHEET

<b>I. (a) PLAINTIFFS</b> ( Check box if you are representing yourself <input type="checkbox"/> )		<b>DEFENDANTS</b> ( Check box if you are representing yourself <input type="checkbox"/> )																																																																																																																																				
JOSE MADRIZ		Pramote Sookprasert; Panawadee Sookprasert; Vichai Jarusrojvuthikul; and Does 1-10																																																																																																																																				
(b) County of Residence of First Listed Plaintiff <u>RIVERSIDE</u> <i>(EXCEPT IN U.S. PLAINTIFF CASES)</i>		County of Residence of First Listed Defendant _____ <i>(IN U.S. PLAINTIFF CASES ONLY)</i>																																																																																																																																				
(c) Attorneys ( <i>Firm Name, Address and Telephone Number</i> ) If you are representing yourself, provide the same information. Chris Carson, Esq., SBN 280048 Center for Disability Access 9845 Erma Road, Suite 300, San Diego, CA 92131(858) 375-7385 PO Box 262490, San Diego, CA 92196-2490		Attorneys ( <i>Firm Name, Address and Telephone Number</i> ) If you are representing yourself, provide the same information.																																																																																																																																				
<b>II. BASIS OF JURISDICTION</b> (Place an X in one box only.)		<b>III. CITIZENSHIP OF PRINCIPAL PARTIES</b> -For Diversity Cases Only (Place an X in one box for plaintiff and one for defendant)																																																																																																																																				
<input type="checkbox"/> 1. U.S. Government Plaintiff	<input checked="" type="checkbox"/> 3. Federal Question (U.S. Government Not a Party)	Citizen of This State <input type="checkbox"/> PTF 1 <input type="checkbox"/> DEF 1	Incorporated or Principal Place of Business in this State <input type="checkbox"/> PTF 4 <input type="checkbox"/> DEF 4																																																																																																																																			
<input type="checkbox"/> 2. U.S. Government Defendant	<input type="checkbox"/> 4. Diversity (Indicate Citizenship of Parties in Item III)	Citizen of Another State <input type="checkbox"/> PTF 2 <input type="checkbox"/> DEF 2	Incorporated and Principal Place of Business in Another State <input type="checkbox"/> PTF 5 <input type="checkbox"/> DEF 5																																																																																																																																			
		Citizen or Subject of a Foreign Country <input type="checkbox"/> PTF 3 <input type="checkbox"/> DEF 3	Foreign Nation <input type="checkbox"/> PTF 6 <input type="checkbox"/> DEF 6																																																																																																																																			
<b>IV. ORIGIN</b> (Place an X in one box only.)																																																																																																																																						
<input checked="" type="checkbox"/> 1. Original Proceeding	<input type="checkbox"/> 2. Removed from State Court	<input type="checkbox"/> 3. Remanded from Appellate Court	<input type="checkbox"/> 4. Reinstated or Reopened <input type="checkbox"/> 5. Transferred from Another District (Specify) <input type="checkbox"/> 6. Multi-District Litigation																																																																																																																																			
<b>V. REQUESTED IN COMPLAINT: JURY DEMAND:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		(Check "Yes" only if demanded in complaint.)																																																																																																																																				
<b>CLASS ACTION under F.R.Cv.P. 23:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>MONEY DEMANDED IN COMPLAINT:</b> \$ _____																																																																																																																																				
<b>VI. CAUSE OF ACTION</b> (Cite the U.S. Civil Statute under which you are filing and write a brief statement of cause. Do not cite jurisdictional statutes unless diversity.) Title III of the American's With Disabilities Act, 42 USC 12181 et seq. Discrimination based on disability due to physical access barriers and/or discriminatory policies.																																																																																																																																						
<b>VII. NATURE OF SUIT</b> (Place an X in one box only).																																																																																																																																						
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FOR OFFICE USE ONLY:

Case Number:

**UNITED STATES DISTRICT COURT, CENTRAL DISTRICT OF CALIFORNIA  
CIVIL COVER SHEET**

**VIII. VENUE:** Your answers to the questions below will determine the division of the Court to which this case will be initially assigned. This initial assignment is subject to change, in accordance with the Court's General Orders, upon review by the Court of your Complaint or Notice of Removal.

<b>QUESTION A: Was this case removed from state court?</b>		STATE CASE WAS PENDING IN THE COUNTY OF:		INITIAL DIVISION IN CACD IS:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If "no," skip to Question B. If "yes," check the box to the right that applies, enter the corresponding division in response to Question E, below, and continue from there.</small>		<input type="checkbox"/> Los Angeles, Ventura, Santa Barbara, or San Luis Obispo <input type="checkbox"/> Orange <input type="checkbox"/> Riverside or San Bernardino		Western Southern Eastern	
<b>QUESTION B: Is the United States, or one of its agencies or employees, a PLAINTIFF in this action?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If "no," skip to Question C. If "yes," answer Question B.1, at right.</small>		<b>B.1.</b> Do 50% or more of the defendants who reside in the district reside in Orange Co.? <span style="float: right;">→</span> <i>check one of the boxes to the right</i>		YES. Your case will initially be assigned to the Southern Division. <input type="checkbox"/> Enter "Southern" in response to Question E, below, and continue from there.  <input type="checkbox"/> NO. Continue to Question B.2.	
		<b>B.2.</b> Do 50% or more of the defendants who reside in the district reside in Riverside and/or San Bernardino Counties? (Consider the two counties together.) <span style="float: right;">→</span> <i>check one of the boxes to the right</i>		YES. Your case will initially be assigned to the Eastern Division. <input type="checkbox"/> Enter "Eastern" in response to Question E, below, and continue from there.  NO. Your case will initially be assigned to the Western Division. <input type="checkbox"/> Enter "Western" in response to Question E, below, and continue from there.	
<b>QUESTION C: Is the United States, or one of its agencies or employees, a DEFENDANT in this action?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If "no," skip to Question D. If "yes," answer Question C.1, at right.</small>		<b>C.1.</b> Do 50% or more of the plaintiffs who reside in the district reside in Orange Co.? <span style="float: right;">→</span> <i>check one of the boxes to the right</i>		YES. Your case will initially be assigned to the Southern Division. <input type="checkbox"/> Enter "Southern" in response to Question E, below, and continue from there.  <input type="checkbox"/> NO. Continue to Question C.2.	
		<b>C.2.</b> Do 50% or more of the plaintiffs who reside in the district reside in Riverside and/or San Bernardino Counties? (Consider the two counties together.) <span style="float: right;">→</span> <i>check one of the boxes to the right</i>		YES. Your case will initially be assigned to the Eastern Division. <input type="checkbox"/> Enter "Eastern" in response to Question E, below, and continue from there.  NO. Your case will initially be assigned to the Western Division. <input type="checkbox"/> Enter "Western" in response to Question E, below, and continue from there.	
<b>QUESTION D: Location of plaintiffs and defendants?</b>			A. Orange County	B. Riverside or San Bernardino County	C. Los Angeles, Ventura, Santa Barbara, or San Luis Obispo County
Indicate the location(s) in which 50% or more of <i>plaintiffs who reside in this district</i> reside. (Check up to two boxes, or leave blank if none of these choices apply.)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Indicate the location(s) in which 50% or more of <i>defendants who reside in this district</i> reside. (Check up to two boxes, or leave blank if none of these choices apply.)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>D.1. Is there at least one answer in Column A?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If "yes," your case will initially be assigned to the SOUTHERN DIVISION. Enter "Southern" in response to Question E, below, and continue from there. If "no," go to question D2 to the right. <span style="float: right;">→</span></small>			<b>D.2. Is there at least one answer in Column B?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>If "yes," your case will initially be assigned to the EASTERN DIVISION. Enter "Eastern" in response to Question E, below. If "no," your case will be assigned to the WESTERN DIVISION. Enter "Western" in response to Question E, below.</small>		
<b>QUESTION E: Initial Division?</b> <small>Enter the initial division determined by Question A, B, C, or D above: <span style="float: right;">→</span></small>			INITIAL DIVISION IN CACD		
<b>QUESTION F: Northern Counties?</b> <small>Do 50% or more of plaintiffs or defendants in this district reside in Ventura, Santa Barbara, or San Luis Obispo counties?</small>			<small>EASTERN</small>		
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

UNITED STATES DISTRICT COURT, CENTRAL DISTRICT OF CALIFORNIA  
CIVIL COVER SHEET**IX(a). IDENTICAL CASES:** Has this action been previously filed **in this court?** NO YES

If yes, list case number(s): \_\_\_\_\_

**IX(b). RELATED CASES:** Is this case related (as defined below) to any cases previously filed **in this court?** NO YES

If yes, list case number(s): \_\_\_\_\_

Civil cases are related when they:

- A. Arise from the same or closely related transactions, happening, or event;
- B. Call for determination of the same or substantially related or similar questions of law and fact; or
- C. For other reasons would entail substantial duplication of labor if heard by different judges.

Check all boxes that apply. That cases may involve the same patent, trademark, or copyright is not, in itself, sufficient to deem cases related.

**X. SIGNATURE OF ATTORNEY  
(OR SELF-REPRESENTED LITIGANT):** \_\_\_\_\_

DATE: 01/29/2019

**Notice to Counsel/Parties:** The submission of this Civil Cover Sheet is required by Local Rule 3-1. This Form CV-71 and the information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. For more detailed instructions, see separate instruction sheet (CV-071A).

Key to Statistical codes relating to Social Security Cases:

Nature of Suit Code	Abbreviation	Substantive Statement of Cause of Action
861	HIA	All claims for health insurance benefits (Medicare) under Title 18, Part A, of the Social Security Act, as amended. Also, include claims by hospitals, skilled nursing facilities, etc., for certification as providers of services under the program. (42 U.S.C. 1935FF(b))
862	BL	All claims for "Black Lung" benefits under Title 4, Part B, of the Federal Coal Mine Health and Safety Act of 1969. (30 U.S.C. 923)
863	DIWC	All claims filed by insured workers for disability insurance benefits under Title 2 of the Social Security Act, as amended; plus all claims filed for child's insurance benefits based on disability. (42 U.S.C. 405 (g))
863	DIWW	All claims filed for widows or widowers insurance benefits based on disability under Title 2 of the Social Security Act, as amended. (42 U.S.C. 405 (g))
864	SSID	All claims for supplemental security income payments based upon disability filed under Title 16 of the Social Security Act, as amended.
865	RSI	All claims for retirement (old age) and survivors benefits under Title 2 of the Social Security Act, as amended. (42 U.S.C. 405 (g))